

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Acceptable POC 2/6/08
Robert J. Levin HFS-IT

PRINTED: 01/08/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295067	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2007
NAME OF PROVIDER OR SUPPLIER EVERGREEN AT CC HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3050 N ORMSBY CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Life Safety Code (LSC) survey conducted at your facility on 12/19/07. Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2000 Edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: K 039 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This STANDARD is not met as evidenced by: Based on observation during the facility tour with the Maintenance Director on 12/19/07 at 11:00AM, the facility failed to maintain clear and unobstructed exit access corridors in 1 of 8 exit access corridors. Findings include: The facility was built with eight foot corridors. In the northwest exit corridor outside rooms #605	K 000	K039 Life Safety Code Standard It is the policy of this facility that aisles and corridors serving as exit access maintain a width of at least 8 feet. Residents with Potential Risks All residents have the potential to be harmed by failure to comply with this policy. Corrective Action The table and chairs outside rooms #605 and #607 have been permanently relocated to other areas to maintain corridor width of 8 feet. Implemented Measure to Ensure Compliance Maintenance Director will in-service staff on the requirement to maintain an 8 foot width in corridors and aisles that serve as exit access. Monitoring of Compliance Maintenance Director, Director of Nurses and Executive Director will monitor for compliance through regular rounds.	2/6/08	

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JAN 31 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Robert J. Levin

EXECUTIVE DIRECTOR

1/29/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 039	Continued From page 1 and room #607 there were two chairs and one table reducing the exit access corridor from eight feet to six feet.	K 039			

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